

Code Book For the TCE Quarterly Report Submissions

Field Name	Valid Values	Example	Description / Value Definitions
Reporting Period	Blank not allowed / Months and Year	October-December 2000	Three month period just ended. Reporting Periods October-December 2000 2001 2002 January-March 2001 2002 2003 April-June 2001 2002 2003 July-September 2001 2002 2003
			Report Due Dates January 31, 2001 January 31, 2002 January 31, 2003 April 30, 2001 April 30, 2002 April 30, 2003 July 31, 2001 July 31, 2002 July 31, 2003 October 31, 2001 October 31, 2002 September 30, 2003
Date	Blank not allowed / Month, Day, and Year	January 28, 2001 or 01/28/2001	Date this report is being completed.
I. Identification Information			
Grantee Federal ID Number	Blank not allowed / Alpha Numeric Start with H87 TI	H87 TI 11 111	The ten digit grantee ID assigned by CSAT
Project Name	Blank not allowed / May be alpha only or alpha numeric	Residential Capacity Expansion for Adolescents in Anywhere	Name as it appears in your Application for Federal Assistance box <u>#11</u> <u>Descriptive Title of Applicants Project.</u>
Project Director's Name	Blank not allowed / Alpha / Alpha numeric	John Q. Public III, PhD	Name of project director as submitted to and approved by CSAT.

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II. Changes in Key Personnel during Reporting Period: New Staff Information (These changes require prior CSAT approval)			
A. Provide information on the new staff.	Blank allowed / Alpha / Alpha numeric	John Q. Public III, PhD New Treatment Services 111 Main Street, Ste 111 Anywhere, Any State, 12345 555-555-1212 JQPublic@myserver.com 10/10/99 Jane State Government 10/20/99 Joe CSAT Government	Complete all information as necessary for each new key staff person hired. Name of individual, address, telephone number, E-mail address (if applicable), date approved by local/state government entity, date approved by CSAT. Complete for each key person hired during the reporting period. Use additional pages if necessary. Note: All key personnel must be approved by both your authorized representative and CSAT. Please submit a letter requesting approval and a copy of the individuals resume/vitae prior to finalizing any job offers for positions covered by this grant to CSAT.
B. Please list any other new staff who were hired during this reporting period.			
Name / Position	Blank allowed / Alpha / Alpha numeric	Robert Citizen Rehabilitation Counselor	Complete all information. Name and position as necessary for each new staff person hired. They may or may not require prior approval by your authorized representative. Note: These positions do not require prior approval by CSAT.
III. Project Information			
A. Coordination and Collaboration during the past quarter	Blank not allowed / Alpha / Alpha Numeric	Goodwill Industries, Inc./ Job training East Side Mental Health Center/ Psychiatric evaluation Women's Resource Center/ Battered women's shelter	Complete all information. Agency and purpose of referrals as necessary for each organization to which you referred your clients for additional treatment or ancillary (i.e., wrap-around) services. You do not need to record the number of referrals here. If no referrals were made during the past quarter please indicate so. None or N/A is sufficient.
B. Client Information During the past quarter			
How many new clients did you plan to serve (what was your goal)?	Blank not allowed / Numeric	10	Enter the number of new clients you planned on serving. This number should be the same as entered in Section III. B. <i>"During the next quarter, how many clients do you plan to serve (what is your goal)?"</i> last quarter. If your program was at capacity and you did not plan on serving any new clients enter a zero. Discuss this in your narrative report in Section III. C. 4 or 5. Discussion should address what you plan to do to expand your project's capacity or strategies being employed to deal with the lack of treatment slots. If your program was not at capacity, enter the number of clients you anticipated serving. The number of clients you plan on serving can vary each quarter. You may provide additional information such as number of new outreach contacts your project planned to make in an effort to recruit new clients. However, this information should be provided on a separate line and discussed in Section III. C. 4 or 5 of your narrative

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How many new clients did you actually serve?	Blank not allowed / Numeric	5	<p>Note: New clients are defined as those clients that have met the eligibility requirements for admission and had have been formally admitted to your project. Count only those clients that were formally admitted to your project. If your program was at capacity and you did not serve any new clients enter a zero. Discuss this in your narrative report in Section III. C. 4 or 5. Discussion should address what you plan to do to expand your project's capacity or strategies being employed to deal with the lack of treatment slots.</p> <p>If your program was not at capacity, enter the number of new clients actually served. The number of clients you serve can vary each quarter. Discuss any differences between the number of clients you planned on serving and the number you actually served in your narrative report in Section III. C. 4 or 5. Discussion should address why this difference came into being and what you plan to do, if anything can be done to avoid this difference in the future.</p> <p>You may provide additional information such as number of new outreach contacts your project made in an effort to recruit new clients. However, this information should be provided on a separate line and discussed in Section III. C. 4 or 5 of your narrative</p>
How many clients completed the intake/admissions process but did not receive treatment from project staff?	Blank not allowed / Numeric	2	Enter actual number. If none, enter a zero. Note: The intake/admission process is as defined by your project. If the client did not complete the intake/admission process as defined by your project but received treatment services they should not be counted here. Do not count clients who did not complete the intake/admission process as defined by your project and did not receive treatment services.
How many clients were discharged from your project prior to completion (these are clients who left the program for any reason without completing their treatment plan)?	Blank not allowed / Numeric	5	Count only clients who had been formally admitted to your project. Count all clients who were discharged from your project for any reason prior to the completion of their treatment plan. Do not count clients who may have received treatment services but had not completed the intake/admission process as defined by your project and had not been formally admitted. You may provide additional information showing reason for a clients discharge prior to completion of their treatment plan. Such reasons may include: transferred to another treatment program, incarceration, administrative discharge for any reason, or death.
How many clients graduated from the project (these are clients who successfully completed the program)?	Blank not allowed / Numeric	5	Count all clients who completed treatment as defined by your project.
How many Government Performance and Results Act (GPRA) six-month follow up assessments did you conduct (follow up conducted six months after intake/admissions)?	Blank not allowed / Numeric	4	Six-month follow up assessments should be conducted on all clients who had been admitted to your project after October 1, 1999 . All clients includes those who left treatment for any reason who had been formally admitted to your project. Follow up is not required on clients who did not complete your project's intake/admission process and were not formally admitted.
How many Government Performance and Results Act (GPRA) twelve-month follow up assessments did you conduct (follow up conducted twelve months after intake/admissions)?	Blank not allowed / Numeric	2	Twelve-month follow up assessments should be conducted on all clients who had been admitted to your project after October 1, 1999 . All clients includes those who left treatment for any reason who had been formally admitted to your project. Follow up is not required on clients who did not complete your project's intake/admission process and were not formally admitted.

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How many clients were referred for additional services not provided by your project?	Blank not allowed / Numeric	2	Count all clients referred for additional services to any of the agencies listed in Section III. A. Note: If you enter any number greater than zero, be sure to list the agencies/organizations in Section III. A above.
During the next quarter, how many new clients do you plan to serve (what is your goal)?	Blank not allowed / Numeric	10	Enter the number of clients that you plan to serve during the next quarter. If you enter a zero, please explain in Section III. C. 4 or 5.
Additional data you may wish to provide.	Blank allowed / Numeric		Describe the data you wish to enter and indicate the number of clients or events.
C. Project Narrative			
Attach a narrative section of no more than three to five pages describing the following:			
1. Please note any changes in your project's goals and objectives, and progress toward achieving them. Identify who approved these changes and when they were approved.	Blank not allowed / Response required	There were no changes to the project's goals and objectives. Progress has been made in achieving all current goals and objectives. For example: Goal 1A.... or Progress on Goal 1A has been hampered do to the following:	If there were no changes in your project's goals and objects please indicate so. Note progress toward your existing goals and objectives. Please indicate any lack of progress and reason for this. Please note: Your terms and conditions of grant award require prior approval by your CSAT project officer in addition to any other local authority approvals which may be required of any changes in your project's goals and objectives. Briefly discuss the reasons for any changes and note who and when authorized and approved the changes. Note: If you anticipate a need to modify or change your goals and objectives, immediately contact your CSAT project officer.
2. Project successes since the last reporting period.	Blank not allowed / Response required	During the past quarter the ABC project established the following new linkages:... In addition the ABC project was able to develop a new...	Highlight all of your project's successes for the reporting period. This is your opportunity to share what has been working. Do not forget to list small and modest success. Discuss your project's efforts in making the success happen.
3. Please note any changes in your project's services delivery method since the last reporting period. Identify who approved these changes and when they were approved.	Blank not allowed / Response required	Although the ABC project was initially developed as an intensive outpatient treatment program for women and their children there has been a great demand for less intensive treatment services. After discussions with our authorized representative (insert name) and CSAT project officer (insert name) it was decided that effective (insert date) the ABC project would begin offering less intensive outpatient treatment services. This change in service delivery method will result in an addition 50 clients annually receiving treatment services.	If there were no changes in your project's service delivery methods please indicate so. Please note: Your terms and conditions of grant award require prior approval by your CSAT project officer in addition to any other local authority approvals which may be required of any changes in your project's service delivery methods. Briefly discuss the reasons for any changes and note who and when authorized and approved the changes. Note: If you anticipate a need to modify or change your service delivery methods, immediately contact your CSAT project officer.
4. Efforts to expand your project's capacity to serve the target population.	Blank not allowed / Response required	During the past quarter the ABC project conducted outreach activities in the downtown area of our city. Contact was made with 300 potential clients. One hundred and fifty potential clients were provided with vouchers for free treatment services. To date 75 clients have presented themselves for admission. As of the end of the quarter 40 of these individuals have been admitted to treatment.	Discuss your project's continuing efforts to serve the target population. You may discuss ongoing recruitment efforts, media campaigns, speaking engagements, etc.

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5. Challenges encountered and strategies for overcoming them.	Blank not allowed / Response required	During the past quarter the ABC project was challenged with the loss of our facility due to the flooding of the XYZ river. We immediately transferred all treatment services to.... In the future we do not anticipate this problem since we have relocated to a facility out of the area subject to flooding.	Discuss any challenges your project encountered and how you overcame them. Discuss strategies employed and plans for dealing with similar challenges in the future.
6. Technical assistance needs.	Blank not allowed / Response required	During the past quarter the ABC project submitted and received approval from CSAT for TA on conducting GPRA follow up activities. The consultant provided a two-day workshop on follow up activities and assisted us in the implementation of a number of strategies which enhanced our ability to conduct the six- and twelve-month follow up assessments. The ABC project was very satisfied with the TA provided.	List any technical assistance needs identified by your project. Note any technical assistance received and any technical assistance that may still be needed. Please note: In addition to discussing technical assistance needs here, all technical assistance requests need to be submitted on the forms provided to your CSAT project officer.
7. Changes in or concerns about your financial status that may effect the implementation of your grant.	Blank not allowed / Response required	The ABC project was recently informed that the anticipated ten percent match in local funds was being reduced by one-half. This reduction will result in....	Discuss any concerns or changes in your financial status here. Note any problems encountered and your efforts to address these. Please note: Do not wait until it is too late to contact your CSAT project officer if you have any concerns about your projects financial situation. Contact your CSAT project officer immediately upon becoming aware of any potential problems.